

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name.

Enter your complete current address and telephone number.

In **2**, enter the date you send this form to the other parties. You must send this form by 5:00 p.m. on the same day it was filed with the Circuit Clerk.

In **3**, enter the full name and address of the parties or lawyers you are sending a copy of this form, and check if you will send copies of this form by hand, by mail, or by email.

If a party has a lawyer, you must send a copy of this form to the lawyer.

CAUTION: You may only send this form by email if the other party has agreed to receive documents in the lawsuit by email.

I certify that everything in the *Motion To Continue Or Extend Time* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone

Proof of Delivery

1. I am sending the *Motion To Continue Or Extend Time*.

2. At or before 5:00 P.M. on: _____, 20 _____
Date

3. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email:

By:

☐

Hand Delivery

☐

Regular, First-Class Mail, deposited into the U.S. Mail with postage paid.

☐

Email

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email:

By:

☐

Hand Delivery

☐

Regular, First-Class Mail, deposited into the U.S. Mail with postage paid.

☐

Email

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email:

By:

☐

Hand Delivery

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☐

Email

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The person who delivers the court documents to the other parties must sign this form and enter their full name, complete current address, and telephone number.

I certify that everything in the *Proof of Delivery* is true and correct. I understand that making false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone